

## CORRESPONDENCE

December 13, 1949.

Sir,—Just by chance last week a colleague left for me to read the issue of the British Journal of Venereal Diseases for September 1949. In it there was an article written by Brigadier Osmond. In the course of that paper the author states that it was after the first Great War that the great increase of venereal disease took place in the civilian population. That was certainly not my impression during the period 1908–1909–1910, when I was in Europe working under Dr. Whitfield at King's College Hospital and at the Lister Institute, as well as in France, Austria, and Germany.

I recall quite clearly that syphilis during those years was very common in London, although it was not regarded as a disease whose dangers to the community could be discussed publicly. Syphilis was also very common in Sydney between 1905–1914, but we had succeeded in rousing the public realization of its dangers before the first Great War broke out.

But what interested me most was the account given by Brigadier Osmond about the work in the Rochester Row Military Hospital about the year 1912 and onwards.

As it happened in 1909 or 1910 I had been sent by Dr. Whitfield over to Berlin to learn the technique of the Wassermann reaction. I stayed for a couple of months and worked in the laboratory of Mr. Meier, who was Wassermann's first assistant. When I got back to London I found that Dr. Henderson Smith of the Lister Institute had started some preparations, but had not actually done a series of Wassermann tests. Through the Lister Institute he and I endeavoured to get regular supplies of serum from all sorts of patients (certainly positive, certainly negative, and patients in the course of treatment). Although we applied to a number of the main hospitals in London, no one took any interest and we could only get two or three blood specimens each week. Then someone told us about Rochester Row. I visited the hospital and the medical officer in charge immediately granted permission to take blood from as many patients as I liked. By virtue of this permission we were able to get 12 to 20 specimens of blood twice a week.

It would be interesting to see if the records of the Rochester Row Military Hospital in the year 1909, or more probably early in 1910, show any surviving records of these tests performed in the Lister Institute for the Rochester Row Hospital.

In any case it was I who performed the first Wassermann tests done in Rochester Row Hospital, or for that matter, in London.

In view of Brigadier Osmond's strictures on the subject of syphilis being allotted to the Skin Department, I beg that he admit at least this debt to a dermatologist.

Of course he is not serious when he says that he cannot understand why early syphilis should be regarded as belonging to dermatology. Since practically all the lesions in the early stages of syphilis appear in the skin, one needs sound dermatological training to enable a

diagnosis of syphilis to be made. Unless, therefore, Brigadier Osmond has been during the whole of his career on the administrative side he must be doing himself an injustice because he must have gathered a sound knowledge of dermatology to enable him to become a successful syphilologist.

In any case, however, the handing on of the care of the large numbers of patients suffering from syphilis to the Skin Department of Royal Prince Alfred Hospital, Sydney, proved a huge success. This department succeeded in nearly eradicating the disease by about 1926. The same thing has happened in many other centres. Dermatologists always display a very keen interest in the disease, and other things being equal, the people who are interested do the best work in any branch of activity.

I am, etc.,

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December 28, 1949.

Sir,—I think Dr. Molesworth is to be congratulated on being the first person to perform Wassermann reactions at the Military Hospital, Rochester Row, and in London; on that point we are evidently in close agreement. There are however, apparently, two points on which we disagree;

- (1) in my article I said that after the first world war a great increase in venereal disease occurred among the civilian population of the country; the official figures are available if Dr. Molesworth cares to refer to them.
- (2) is syphilis essentially a dermatological condition? I did not say that *early* syphilis should not belong to dermatology; what I did say was that syphilis is a generalized disease and that there is nothing dermatological about aneurysm, tabes and G.P.I. However, this is not the place to go into all the pros and cons; in any case I was only expressing an opinion with which I am well aware, many disagree.

That the Skin Department of the Royal Prince Alfred Hospital, Sydney, nearly eradicated syphilis by about 1926 is indeed an achievement to be proud of; the Ministry of Health can hardly have been aware of this or the same happy result might have been reached in England.

I am, etc.,

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